

Home Improvement Agency Core Specification
Cambridgeshire

Operative from 1st April 2005

1. Service Aim

To enable those in need of support to maintain their independence, health and well-being in their chosen home for the foreseeable future. This outcome would normally be achieved by supporting people throughout the repair, adaptation or improvement process, so that the individual is able to remain in their own home in a warm, safe, secure and accessible environment. This could also include the direct provision of repair and maintenance services, preventative initiatives, and providing advice on accessing appropriate funding including private finance.

2. Client Group / Eligibility

The Agency shall specifically target older people, people with disabilities and those on low incomes but the service shall be made available to anyone who perceives that they have a need for advice and support to achieve the service aim set out above.

3. Values and principles

The following service values and principles will underpin all activities undertaken by the Agency:

- Services will be made available to people in the private sector and housing association stock. There is an expectation that tenants of local authorities will receive the same level of service from their landlord.
- Services will be made available to people regardless of their income. If ineligible for grant-funded work, the Agency may offer to support the client through the repair or adaptation process and may charge the appropriate fee for this work.
- Service users should be informed of any financial contribution they will be required to make and on what money is being expended.
- All services will be provided in line with the relevant local authority's housing policies.
- The Agency will adopt a person-centred approach that enables service users to retain the greatest possible control over their lives.
- Service users should be offered choice and empowered in their decision-making.
- Service users should be treated with courtesy, respect and dignity.
- Service users shall be kept informed of what is happening at each appropriate stage
- Service users' views will be sought on the quality of the service provided.

- The diverse needs of service users (including cultural diversity) will be recognised.
- The Agency will act only on the authority of the service user, including the delegation of work to third parties
- The Agency accept a duty of public care towards the client and any concerns over abuse, ability to cope, health and safety etc will be referred to the relevant statutory agency. The client will be informed of this referral.

4. Service Objectives

To improve the quality of life of older people, people with disabilities and those on low incomes by:

- 4.1 Increasing the number of people who are living in their chosen environment independently in safe, warm, and secure homes that are in good repair and appropriately adapted.
- 4.2 Increasing the number of vulnerable people living in private sector accommodation that reaches the Decent Homes Standard.
- 4.3 Enabling people to make informed decisions on their housing options.
- 4.4 Extending the healthy life expectancy of older people by improving the quality of homes in order to reduce fuel poverty, prevent ill health, accidents and reduce excess winter deaths.
- 4.5 Helping people access unclaimed benefits and maximise income.
- 4.6 Helping to increase the number of people successfully discharged from hospital to their own home and helping to reduce the number of people entering more institutional forms of care.
- 4.7 Helping to reduce the number of emergencies amongst people living independently which might result in more intensive services being required.
- 4.8 To deliver services that are timely and represent good value for money.
- 4.9 To contribute towards meeting the national targets required by the Office of the Deputy Prime Minister under Supporting People.

5. Service provision

See Appendix 1 entitled 'Core Services'.

6. Catchment

The catchment area for each HIA Service will be coterminous with the boundary of the relevant City/District Council.

7. Volumes of service

Volumes delivered will be based on demand for the service and the availability of funding (including grants and other financial assistance available under local Housing Renewal Policies, charitable sources, etc).

8. Availability

Service users should be able to access the service by telephone suitable for the service user's needs, or by letter, fax or e-mail during office hours.

Home visits will be made available to all service users.

The Agency will work towards operating from accessible premises in accordance with disability discrimination legislation.

9. Standards

The Agency shall provide a high quality and timely service that fulfils the following standards:

1. Translation and interpretation services will be available and the Agency services will be advertised appropriately so that all members of the community can access services.
2. The Agency shall visit all service users in their own home within 3 weeks of initial enquiry unless the enquiry relates to DFG work only, in which case the first visit will be made within 3 weeks of the receipt of the OT recommendation.
3. First visit to completion of works costing less than £1,000 should be within 16 weeks.
4. First visit to completion of works costing over £1,000 should be within 45 weeks.

10. Staffing

The Agency must ensure adequate case management, technical advice and administrative support is available to meet the requirements of this service specification within the agreed time scales set out in 9 above.

The Agency must take account of all relevant legislation in relation to recruitment, selection, health and safety, etc.

Agency staff who visit service users must carry appropriate identification at all times.

11. Involving Service users

In carrying out its work, the Agency is expected to:

- Ensure equality of access;
- Reflect the diverse needs and requirements of actual and potential service users;

- Involve service users in the monitoring of service delivery and in service development.

12. Advisory Panel

The Agency is required to establish, maintain and report to a local advisory committee operating under appropriate terms of reference that encompass:

- A broad membership that embraces commissioners; service user representatives; statutory; voluntary; and community groups that have an interest in the needs of older and disabled people;
- A reporting framework that enables the committee to monitor the effectiveness of the services provided;
- Mechanisms to provide feedback on the services delivered, with a minimum requirement of two meetings per annum.

13. Quality Monitoring and Contract Review

The Agency will record and supply information against the National Key Performance Indicators for HIAs, as detailed in the Foundations document “Performance Framework For HIAs – Monitoring and Review of Supporting People Services” (August 2003), plus any information required by the ODPM for the purposes of evaluating the KPIs such as Client Record Forms, together with the county-wide agreed performance indicators as set out in Appendix 2 of this document. These will be collated and reviewed every six months. A twice-yearly comparison of PIs shall be produced by the HIA Managers and made available to the Supporting People Commissioning Body and other groups as listed in Appendix 2.

The Agency shall contribute to the Cambridgeshire Local Public Service Agreement (LPSA) on preventative services and shall provide monitoring information on their contribution accordingly.

The Agency shall also complete workbooks and other returns [for example, the Quality Assessment Framework (QAF)] as reasonably requested from Supporting People and other bodies.

The Agency should have in place a system for assuring that the quality of the service that it provides is based upon the principles of:

- Best Value and continuous improvement; and
- Self-assessment, ensuring that day-to-day responsibility for the quality of the Service is managed primarily by the Agency, but with review and monitoring carried out with the Service Commissioners.

14. Funding 2005/06

	City	East Cambs	Hunts	South Cambs	Fenland
Fee Level	10%	10%****	5%*	10%	10%
Fees**	59,000	66,550	70,000***	75,000	78,500
SSD	30,000	30,000	30,000	30,000	0
SP	34,202	35,182	29,400	29,100	29,400
PCT	20,000	20,000	20,000	20,000	20,000
Sub-total	143,202	151,732	149,400	154,100	127,600
District	74,000	40,000	60,600	55,900	30,000
Other					
Total	217,202	191,732	210,000	210,000	157,600
Shortfall		18,268			

*Hunts DC has decided to keep fees at 5% for the coming year since the core specification can be achieved without increasing fees.

**Based on Hunts DFG funding of £1m pro rated to each district per 1000 population aged 65+.

*** Hunts grant budget expected to be £1.4m in 2005/06 (DFG plus Repairs Assistance)

**** Care and Repair East Cambs Ltd have agreed to work towards overall fee income on grants of 10% of grant budget.

Appendix 1 **The Core Services**

1. Proactive Identification of customers

The HIA will identify vulnerable people living in unsuitable homes or those that are in poor condition in the district. This will include older people, people with disabilities and those on a low income. The HIA will proactively identify potential clients in a variety of ways:

- Targeting activity on geographic areas with high percentages of older people / people with disabilities / poor stock condition
- Publicity in appropriate locations, for example, libraries, GP surgeries, sheltered housing schemes, day centres, churches etc
- Liaison with other statutory providers, for example PCT, GPs and social services
- Through the PCTs database of vulnerable people
- Liaison with voluntary groups, for example, Age Concern, CABx
- Actively encouraging referrals from a range of stakeholders
- Ensuring that services are publicised and accessible to all sections of the community

2. General Advice, Information and Coordination

The Agency will provide a range of general advice and information and can coordinate services on behalf of the service user depending upon their needs and wishes. The Agency can provide three levels of service:

1. Information, advice and signposting on what services can be accessed, where and how
2. Make referrals to other service providers on the service users behalf
3. Act as a case manager and point of contact with other providers on the service user's behalf

The Agency will offer appropriate levels of advice, information, general coordination and will assist in completing forms if necessary on the following:

2.1 Problems relating to the property

- Repairs
- Improvements
- Major and minor adaptations
- General maintenance

- Safety and security
- Home insulation
- Energy efficiency

2.2 Income Maximisation / Sources of Funding

- Entitlement to welfare benefits, for example, pension credit, council tax and housing benefit
- Availability of grants from statutory bodies
- Releasing equity and accessing loans (Agencies should always advise service users to seek independent advice)
- Where to obtain independent financial advice
- Accessing charitable funding, for example, SSAFA, RBL
- The effect that certain options may have on benefit entitlement
- Insurance claims
- Savings
- Referral to other relevant agencies, such as Citizens Advice Bureau and the Department of Works and Pensions

2.3 Housing options

- Ways to make current home more suitable, e.g. safety and security
- Availability of alternative housing, sources, eligibility, location and cost
- Availability of sheltered and extra sheltered housing
- Information on the housing register / special needs housing register including chances of being re-housed, length of time and process
- Details of housing associations in the area with information on the availability of stock

2.4 Legal entitlements

- Accessing grants
- Eligibility criteria for services
- Any financial contribution that they may be required to make from their own resources
- Where to obtain specialist legal advice

2.5 Other support services

The Agency will gather local intelligence on the availability of community support and prevention services. The Agency will gather sources of information in order to signpost Service users appropriately. Sources might include:

- Library database
- ACRE Parish based mapping of services
- Other Council booklets
- NHS Direct
- Age Concern
- County / District / Parish Councils

3. Assessment process

The Agency shall visit all service users in their own home within 3 weeks of initial enquiry unless the enquiry relates exclusively to DFG work, in which case the first visit will be made within 3 weeks of the receipt of the OT recommendation.

Where the referral is from a source other than the service user, the Agency will ensure that the service user is aware of the referral.

Upon the initial visit the Agency will explain:

- the role of the Agency
- what service users can expect
- the range of services / options available (see section 2)
- likely timescales

The initial visit also gives the opportunity for:

- a holistic assessment of the service user's needs using common form agreed by HIA Managers and regularly reviewed / updated
- non-technical inspection of the property
- opportunity to gather personal and financial information and complete paperwork
- agree an appropriate course of action with the service user
- agree possible sources of funding with the service user

Where cases are large and complex, it may be necessary to undertake a joint visit with other professions either upon initial or subsequent visits.

The PCT are developing a common assessment tool and once this is established, the application of the tool to the Agency's work will be discussed.

Whilst working with the service user, the Agency will:

- note any indications that a vulnerable person is being abused and will report these concerns immediately in line with Cambridgeshire County Council's Protecting Vulnerable Adults from Abuse policy;
- agree with the service user that personal details can be passed on to other professionals; and if so,
- refer the service user to the vulnerable persons database if they meet the criteria, once the database is established and referrals are made possible
- refer on to more appropriate organisations where the type of support, advice or help required is outside the remit and scope of the Agency's work

4. Major and Minor Adaptations

The Agency will work in partnership with an Occupational Therapist (OT) to assess service users' needs for major or minor adaptations.

In cases where the service user or the adaptation is ineligible for a DFG, the Agency will offer advice and support to the service user to enable the appropriate adaptations to be carried out and can charge a fee for this work.

The Agency will co-ordinate service provision within agreed time scales set out in paragraph 9.

Technical advice and support will be made available to ensure that the appropriate adaptations are carried out and in cases of major adaptations, joint visits with the OT may be required.

In agreement with the service user, the Agency will ensure the following happens:

- agreement that the Agency will assist with the arranging of the adaptations.
- a visit to the service user's property in order to discuss the adaptations.
- referral for grant assistance or application for charitable assistance.
- all applications are submitted with relevant documents (e.g. planning permission, building control, drawings) on behalf of the service user.

The Agency will undertake the following tasks:

- maintain a list of contractors whose references have been sought and contractors will be selected as appropriate to the needs of the service user.
- ensure that all works are undertaken in accordance with health and safety guidance and legislation.
- service users will be kept informed of progress.
- ensure that the work is satisfactorily completed. This may involve the carrying out of an inspection.
- ensure that variation and defect procedures are in place to ensure the satisfactory conclusion of the works.
- assist the resolution of disputes that occur between the service user and the contractor.
- any remedial work that does not rectify unfitness will be discussed with the Local Authority to determine the best course of action having regard to the service user.

5. Repairs and Improvements

The government has set a target for all local authorities to ensure that private sector homes occupied by vulnerable people should meet the Decent Homes Standard. The government states that 65% should be achieved by 2006; 70% by 2010 and 75% by 2020 and achievement should increase each year. Responsibility for meeting this target and monitoring progress lies with the local authority.

The Agency will assist service users to identify and undertake any necessary repairs and improvements to their property with a particular focus on bringing private sector homes occupied by vulnerable people up to the Decent Homes standard.

The Agency will work in accordance with the Council's housing renewal policy.

If grant funding is not required or if the work or service user is ineligible for grant funding, the Agency will assist the service user to identify alternative sources of funding with reference to 2.2 above and can charge an appropriate fee for this service.

In agreement with the service user, the Agency will ensure the following happens:

- a visit to the service user's property in order to assess the need for repairs or improvements.
- agreement with the service user on what repairs or improvements are necessary.
- by agreement the Agency will assist with the arranging of the repairs or improvements.
- referral for assistance under the local authority's Housing Renewal Policy or application for charitable assistance.
- all applications are submitted with relevant documents (e.g. planning permission, building control, drawings) on behalf of the service user.

The Agency will undertake the following tasks:

- maintain a list of contractors whose references have been sought and contractors will be selected as appropriate to the needs of the service user.
- ensure that all works are undertaken in accordance with health and safety guidance and legislation.
- service users will be kept informed of progress.
- ensure that the work is satisfactorily completed. This may involve the carrying out of an inspection.
- ensure that variation and defect procedures are in place to ensure the satisfactory conclusion of the works.

- assist the resolution of disputes that occur between the service user and the contractor.
- any remedial work that does not rectify unfitness will be discussed with the Local Authority to determine the best course of action having regard to the service user.

Appendix 2

Performance Indicators for HIAs in Cambridgeshire

Introduction

These notes explain the background to the HIA performance indicators being introduced following the Supporting People led review of the agencies operating in Cambridgeshire. The notes are designed to clarify details and explain the thinking behind the chosen indicators and outline the following points:

1. Background
2. 'Health Warnings'
3. Details of the PIs: see appendix A
4. Reporting Format: see appendix B
5. Collation of the PIs
6. Distribution of the results

1. Background

In conjunction with the development of the core specification, the PIs listed below have been chosen to try and reflect the major issues addressed by that specification and therefore the main concerns of the organisations funding the agencies and commissioning services. They flow from the 3 main aims identified in the specification, which are:

- Independence
- Health
- Well Being

They also reflect the needs of the key client groups who are Older People, People with Disabilities and People on Low Incomes.

They do not try to cover all of the work carried out by the agencies and they are not a substitute for other activity and satisfaction measures produced by the agencies. They are designed to focus on a limited and measurable number of areas to help structure discussions about performance with all interested parties. They need to be seen in the light of the following 'health warnings'.

2. 'Health Warnings'

Performance Indicators always need to be seen in context. The following points, which are not in order of importance, need to be considered alongside the PIs themselves.

(i) The HIAs are moving towards the implementation of a common core specification. In part this depends upon all the agencies being adequately funded. If this cannot be achieved or maintained then this jeopardises their ability to address all the areas of performance being measured.

(ii) The local context varies for all the agencies. The key variables include:

- Capital funding available from their 'parent' local authorities, particularly for grants
- Range and type of services offered by other agencies in their areas
- Tenure mix and quality of the housing stock in each area
- The policy decisions and budgets of other agencies in their areas
- Alternative housing solutions available in local areas

(iii) The balance between a *performance measure* and *activity measure* is not always straightforward. The reason for collating common PIs for all the HIAs is to help structure discussion and not to automatically criticise any agency for any particular 'scores'. The objective is to help commissioners to understand the outputs being achieved and to understand the limitations and constraints that each agency faces as well as any advantages that they enjoy. The PI 'scores' help to focus on the important areas; they do not by themselves produce conclusions.

(iv) HIAs' casework with individual clients can extend over several years and some of the material necessary to compile these PIs is not currently routinely recorded. It will therefore take some time as new cases work through the system before HIAs are able to report on all of their clients.

(v) Some of these PIs are already established and some are not. All of the partners are committed to keeping their usefulness under review and changes will be considered as the process develops. The targets for the PIs have been set in advance of the core specification operating across the County and will themselves need to be reviewed as performance information becomes available.

3. Details of the PIs

See annex A

4. Reporting Format

See annex B

5. Collation of the PIs

The HIA managers will individually prepare the PIs for their own agency and will get together to produce a composite report, which will be circulated to the agencies listed below. The report will be a public document, which the agencies will pass on to other stakeholders as they wish.

As well as providing the agreed figures the HIA managers will also include explanatory comments, which either explain individual HIA figures or provide other

information, which helps to inform the figures e.g. changes in legislation, changes in partners policies etc.

The figures will be produced at 6 monthly intervals at the end of November (mid year figures) and the end of May (end of year totals).

6. Distribution

As a minimum, copies of the PI report will be sent to:

- Supporting People Officers for the Commissioning Body/Strategy Group
- PCTs
- LA Chief Officers
- HIA Management Groups
- Adult Support Services

Annex A: Local and National HIA Performance Indicators

Local HIA Performance indicators, definitions and targets

Please state when this document was last updated e.g. due to new definitions or change to collection system etc.	20 April 2005
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Reporting Performance Indicator Years – 05/06, 06/07, 07/08

1. Improved general health and well-being

PI description

% positive responses to set questions about health/well-being, falls and accidents.

PI definition

A 'yes' to question a **or** b is required to satisfy this PI:

- a. Do you feel that the help we have given you has helped to improve your health or well-being?
- b. Do you feel that the help we have given you has reduced the likelihood of your having a fall or an accident?

Method of collection

Each HIA will ensure that the above questions are added to their standard **satisfaction survey** carried out after each job is completed.

Target

The target is a 95% positive response from all those who respond for each agencies. The survey can be carried out over the telephone or by post.

2. Meeting the Decent Homes Standard

PI description

- a. % of repairs cases that contribute to Decent Home Standard.
- b. Number of cases that achieve full Decent Home Standard.

PI definition

Record the % or numbers of properties where the work carried out contributes to the Authority's duty to increase the number of homes in the area meeting all or part of the Decent Homes Standard/Fitness Standard.

Method of collection

Means of collecting data to be decided by each HIA.

Target

- a. % of repairs cases that contribute to Decent Home Standard. Target 95%.
- b. Number of cases that achieve full Decent Home Standard (report as activity figures, no target).

3. Providing Choice

PI description

% of checklists on individual files and with all sections completed (if the section is not applicable, then this should be noted on the form).

PI definition

To show that consideration is being given to the choices available to clients

and that they are being given appropriate options at relevant stages of the process.

Method of collection

HIA Managers to devise a checklist for use by Caseworkers to ensure all options are taken into account e.g. benefits, re-housing, grants, loans, alternative works etc.

Checklist will be kept on individual case files. Managers to audit 10% of cases on an annual basis to ensure checklists are completed. Supporting People will also check completion of forms on validation visits.

Target

100% of checklists will be on file and all sections completed (if the section is not applicable, then this should be noted on the form).

4. Preventative Work

Record percentage of clients who consider that the work carried out has prevented ill health, accidents, emergencies or admission to hospital.

PI description

% positive responses to set questions about health/well-being, falls and accidents.

PI definition

A 'yes' to question a or b is required to satisfy this PI.

a. Do you feel that the help we gave you a year ago has helped to improve your health or your well-being?

b. Do you feel that the help we gave you a year ago has reduced the likelihood of your having a fall or accident?

(Note that these questions are virtually the same as those asked one year previously to measure *General health and well-being* above.)

Method of collection

A postal survey to be carried out on 100% of clients having works costing £1,000 or more, 1 year after completion of work, to establish level of clients who feel their health has been improved as a direct result of the work carried out.

Target

The target is 75% positive response from responding clients.

5. Maximising benefits and income

PI description

% of checklists on individual files with the benefit section completed (based on a 10% audit of client files) (if the benefit section is not applicable, then this should be noted on the form).

PI definition

Clients are referred on to Benefits where it is identified that they may be eligible for further state benefits.

Method of collection

Checklist devised by HIA Managers (this is the same checklist as in 3. *Providing Choice* above).

Target

The PI is that 100% of benefit entitlements are checked (based on the checklist being on the client's file and completion of the benefit section of the checklist). As

with the PI 'Providing Choice', the HIA Manager will do a 10% audit on the checklists once a year. So for example, if 100% of the 10% of case files checked meet the PI, then the agency reports 100%. The Supporting People Team will check completion of checklists on validation visits.

6. Timely services and Value For Money

PI description

- a. % Private Tenure.
- b. Waiting time Enquiry to first visit (average) in weeks.
- c. Waiting time First visit to completion (average) in weeks.
- d. % Social priority cases.
- e. Number of Enquiries.
- f. Number of Jobs done.

PI definition

These PIs are already collected by the agencies and are self-explanatory. However, a few terms need clarification:

Private tenure means owners or Private renters, **Social Sector** means LA or RSL tenants.

Enquiry is the date of the first contact between the agency and the client. This may be a telephone call from the client (a "self-referral") or it may be a referral from another agency (e.g. Occupational Therapist, CAB, Local Charity).

First Visit is the date of the first visit by a member of agency staff (usually case worker or technical officer) to the client's home.

Completion is the practical completion date – the date when the HIA informs the commissioner that works have been completed according to the schedule or assessment.

Social priority is defined by the ODPM as:

- 75 years old and over
- registered or registerable disabled
- low income household, i.e. in receipt of a means tested benefit or

- with an income less than £75 per week for a single person household or less than £125 per week for two or more person household.

Method of collection

Collected by HIAs via the Foundations MIS Database or as decided by the HIA.

Target

Number of Private Tenure	No target-activity.
Number of Social Sector-LA/RSL	No target-activity.
Waiting time Enquiry to first visit (average)	Target 3 weeks.
Waiting time First visit to completion (average)	Minor Jobs 16 weeks.
Waiting time First visit to completion (average)	Major Jobs 45 weeks.
Social priority cases	Target 80%.
No. of Enquiries	None at present.
No. of Jobs	None at present.

National HIA Key Performance Indicators

These indicators are mandatory (a condition of funding) as Authorities are required to submit annual returns to ODPM on this data. It is not intended to set national targets on these indicators at this stage in the SP programme.

KPI 1 Service Users who are supported to establish and maintain independent living

(Clients supported)

Defined as:

The number of clients who have been supported to maintain independent living as a percentage of the total number of service users who have been in receipt of support services during the period.

HIAs support clients by: facilitating adaptations or repairs, referrals to ancillary services (Handyperson, etc.), referrals to energy efficiency or similar schemes and referrals for additional benefits or allowances.

The total number of clients supported is all those clients whose details have been recorded and who have received any of these services – the case has been “closed” during the period. **(A)**

Some clients have received services but may not have maintained independent living – they have moved into a care home, a hospice or long-stay hospital or they may have died. If the case has been closed for any of these reasons (i.e. the HIA is aware of the reason at the time the case was closed), these cases must be deducted from the total. **(B)**

The percentage of clients who have maintained independent living is, therefore:

$$\begin{aligned} \text{KPI 1.0} &= \text{Percentage of clients who have been supported to maintain} \\ &\text{independent living} \\ &= \frac{(A - B) \times 100}{A} \end{aligned}$$

KPI3 Fair access to people who are eligible for Supporting People services
(Clients supported)

KPI 3.3 The number of people described by “primary client group” who have accessed Supporting People as a percentage of the total number of people who have accessed Supporting People services.

The primary client group information comes from the CORE client record form. HIAs are exempt from the requirement to complete this form until April 2005.

However, this indicator is similar in scope to the “social priority” indicator already included in the ODPM framework for HIAs. This defines Social Priority as follows:

- Clients who are 75 years of age or older,
- Clients registered disabled or described as disabled,
- Clients in a single-person household with income less than £75 per week,
- Clients in a non-single person household with incomes less than £125 per week.

The number of clients who fall into any of the social priority descriptions ©
The total number of clients supported **(A)**

$$\begin{aligned} \text{KPI 3.3} &= \text{Percentage of clients who are described as social priority} \\ &= \frac{C \times 100}{A} \end{aligned}$$

KPI 3.4. The number of people from BME groups who have accessed Supporting People services as a percentage of the total number of people who have accessed Supporting People services.

(D) The number of clients from BME groups that received a support service during the period

8. The total number of clients supported

BME classifications can be recorded on MIS to correspond with those on CORE client record form by using an appropriate code in the “ethnicity if other” text box. We need the total number of clients from all BME classifications. This could be found using Microsoft Query. The CORE descriptions of ethnic origin are as follows:

a. White:	6.1 British	6.2 Irish	6.3 Other	
b. Mixed	6.4 White & Black Caribbean	6.5 White & Black African	6.6 White & Asian	6.7 Other
c. Asian or Asian British	6.8 Indian	6.9 Pakistani	6.10 Bangladeshi	6.11 Other
d. Black or Black British	6.12 Caribbean	6.13 African	6.14 Other	
e. Chinese or other ethnic group	6.15 Chinese	6.16 Other		
f. Refused	6.17 Refused			

If this breakdown is not available, the number of BME clients will be the total of the groups recorded on the ethnicity report: Black Caribbean, Black African, Black other, Indian, Pakistani, Bangladeshi, Chinese, Other.

$\text{KPI 3.4 (G)} = \text{Percentage of new clients that are from a BME group} = \frac{\text{D} \times 100}{\text{A}}$
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KPI 3.5. The proportion of people from BME groups who have accessed Supporting People services in comparison to the proportion of people who describe themselves as being from a BME group (over the age of 16)

Compares the result from KPI 3.4 with the percentage of people in the local population aged over 16 who describe themselves as coming from a BME group as listed. The BME population data for your area is available from ONS and from Census information.

G The result from KPI 3.4

H The percentage of people in the local population aged over 16 from a BME group

$\text{KPI 3.5} = \text{Ratio of the percentage of clients from a BME group to the percentage of people from a BME group in the local population aged over 16} = \frac{\text{G}}{\text{H}}$

Annex B

Performance Indicator Table for completion by the HIAs

Reporting Period	
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Please state the reporting period for this data e.g. the first reporting period is 1 April 2005 to 30 September 2005, the second is 1 October 2005 to 31 March 2006.

Local Performance Indicators:

PI Number	Key words for PI	ECC&R	Fenland C&R	Cambridge HA	Hunts HIA	South Cambs HIA
1	Health & well-being (%)					
2a	Decent Homes (% Repairs partial)					
2b	Decent Homes (No. repairs fully met)					
3	Providing Choice (%)					
4	Preventative work (%)					
5	Benefits (%)					
6a	Private/Social Activity figures only					
6b	Enquiry-1 st Visit (average wks)					
6c	First visit to completion (average wks)					
6d	Social priority cases (%)					
6e	No. of enquiries					
6f	No. of jobs Completed					

National Key Performance Indicators:

PI Number	Key words for PI	ECC&R	Fenland C&R	Cambridge HA	Hunts HIA	South Cambs HIA
KPI 1.0	% of clients who have been supported to establish & maintain independent living					
KPI 3.3	% of clients who are described as social priority					
KPI 3.4	% of new clients that are from a BME group					
KPI 3.5	Ratio of the percentage of the clients from a BME group to the percentage from a BME group in the local population aged over 16					

Commentary on completed PI table
(Please copy this section as required)

Completed by:

Agency:

Name of Responsible Manager	Name of agency	Contact details	Date of completion

ONE YEAR ON
SATISFACTION QUESTIONNAIRE

Please tick the boxes that apply.

1) Looking back over the last year do you feel that the work we did has helped;

You move around your home

- a lot better
- a bit better
- about the same
- not as well
- not applicable

You bathe

- a lot more easily
- a little more easily
- about the same
- not as easily
- not applicable

2) Do you feel that the help we have given you has helped to improve your health or well-being?

- Yes
- No
- Don't know

3) Do you feel that the help we have given you has reduced the likelihood of you having a fall or an accident?

- Yes
- No
- Don't know

4) Had you had a fall/accident in your home before the work was done?

YES NO

If YES, was it:

a bad fall/accident and you had to go to hospital

not such a bad fall/accident

5) Have you had a fall/accident in your home since the work was done?

YES NO

6) Thinking back to when we were helping you, do you have any regrets?

YES NO If YES, what are they?

Finally, bearing in mind the contents of the leaflet we've sent is there anything you would like us to do for you now?

YES NO If YES, what services are you interested in?
(Please make sure you complete your name and address below so we can contact you to discuss your request)

You do not have to complete this section if you would rather not do so.

Your name:

Your address:

Telephone Number:

Date:

We appreciate your completion of this form as it helps us to improve our service. A reply paid envelope is enclosed for its return.

For office use only. DFG REPAIR

Caseworker Visit Sheet		
Topic	Tick if discussed N/A if not applicable	Notes Include reasons for not discussing at the visit
Assessment form completed		
Housing Options		
Adaptations		
Repairs		
Energy Efficiency		
Benefits		
Grants/Loans		
Test of Resources		
Other Sources of funding		
Smoke Alarms		
Gas Safety		
Falls		
Customisation of scheme		
Other		

Manager (or deputy) signature and date

Appendix 3

Areas for Further Development

There are three priority areas for further development. Each locality may add to this list in line with local needs and requirements and subject to additional funding streams.

1. Repairs on Prescription

2. Hospital Discharge / Emergency Admissions / Falls Prevention

3. Handyperson and Maintenance Services

The provision of services to ensure safe and independent living, to an upper time limit of two hours per job (a job may include a varying number of tasks), by arranging or undertaking the following tasks:

Electrical Work

- Replacing light bulbs
- Replacing fuses and plugs
- Fitting doorbells

Drainage

- Unblocking sinks
- Cleaning blocked gullies and gutters

General Household Assistance

- Putting up curtains
- Removal of floor coverings
- Moving small furniture
- Putting up shelves and pictures
- Replacing small window panes (M)
- Repairing small areas of rotten wood (M)
- Tiling small areas (M)
- Re-hanging doors
- Repairing small areas of fencing and/or garden gates

Plumbing

- Replacing broken WC seats
- Renewing bath sealant (M)
- Small repairs to leaking pipes
- Changing tap washers, cistern washers, ball valves (M)

Safety

- Fitting door chains, locks and spy holes
- Fitting security lights
- Fitting smoke alarms
- Fitting grab rails/hand rails (M)
- Fitting stair gates, cooker guards, fire guards

Plus any other tasks that are agreed as appropriate by the Agency.